

For the year January 1 to December 31, 1997, or other taxable year beginning _____, 1997, and ending _____, 19 _____.

NOTE: If information on label is not correct, please make corrections on label.	Your first name and initial _____ Last name _____		Your Social Security Number _____	
	If joint return, spouse's first name and initial _____ Last name _____		Spouse's Social Security Number _____	
	Mailing address _____ Apt. No: _____		(PH) Daytime Phone _____ () _____	
	City, town or post office, State and Zip Code _____ PLACE LABEL WITHIN BLOCK		Were you required to pay estimated income tax to IRS for 1997? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Filing Status - 1. <input type="checkbox"/> Single 3. <input type="checkbox"/> Married filing separately - Enter your spouse's name _____ 4. <input type="checkbox"/> Head of Household (Check only one) 2. <input type="checkbox"/> Married filing joint 5. <input type="checkbox"/> Surviving spouse with dependent child				
Filing Category - 1. <input type="checkbox"/> Resident Note: If you moved into or out of North Dakota during 1997, Check either of these boxes Only If It (Check only one) 2. <input type="checkbox"/> Nonresident see page 4 for instructions on which box to check. Applies To You - See page 3 of instructions:				
School District - Enter number _____ Income Source Code - Enter number _____ from list on page 12 of instructions from list on page 4 of instructions <input type="checkbox"/> Amended return <input type="checkbox"/> Extension form attached				

A Complete Copy Of Your Federal Return Must Be Attached

Tax Computation Schedule - Residents must complete Schedule 2 and Nonresidents must complete Schedule 3 before completing this schedule.				
1. North Dakota taxable income (Residents from Line 32, Schedule 2. Nonresidents from Line 29, Schedule 3)	(A)	1		
2. Compute tax using the Tax Rate Table below and enter result		2		
3. Credit for income tax paid to another state (Attach Schedule 4)	(D)	3		
4. Credit for contributions to nonprofit private colleges in North Dakota	(?)	4		
5. Credit for contributions to nonprofit private high schools in North Dakota	(-)	5		
6. Credit for purchasing long-term care insurance	(1L)	6		
7. Other credits (Identify)	(1T)	7		
8. Total credits (Add Lines 3 through 7)		8		
9. Balance (Line 2 less Line 8. If less than zero, enter -0-)		9		
10. Venture Capital Corporation Credit	(1K)	10		
11. North Dakota Small Business Investment Company Credit	(1B)	11		
12. Nonprofit Development Corporation Credit	(1F)	12		
13. Seed Capital Investment Credit	(1M)	13		
14. NET TAX LIABILITY (Line 9 less Lines 10, 11, 12, and 13 - If zero or less, enter 0)	(E)	14		
15. North Dakota income tax withheld (Attach supporting W-2s and 1099s)	(F)	15		
16. 1997 estimated tax payments and amount applied from 1996 return	(&)	16		
17. Total payments (Line 15 plus Line 16)		17		
If Line 17 Is Greater Than Line 14, Complete Lines 18 Through 22. If Line 17 Is Less Than Line 14, Complete Lines 23 Through 26.				
18. OVERPAYMENT (Line 17 less Line 14) If less than \$5, enter zero	(G)	18		
19. Amount of Line 18 you wish to apply to 1998 estimated tax	(1Q)	19		
20. Amount of Line 18 you wish to contribute to Nongame Wildlife Fund	(1P)	20		
21. Amount of Line 18 you wish to contribute to Centennial Tree Trust Fund	(1D)	21		
22. REFUND (Line 18 less Lines 19, 20, and 21) If less than \$5, enter zero	(1R)	22		
23. TAX DUE (Line 14 less Line 17) If less than \$5, enter zero	(Z)	23		
24. Voluntary contribution to Nongame Wildlife Fund (Only if tax due on Line 23)	(1U)	24		
25. Voluntary contribution to Centennial Tree Trust Fund (Only if tax due on Line 23)	(1E)	25		
26. BALANCE DUE (Line 23 plus Lines 24, 25 and, if applicable, 27) Pay to STATE TAX COMMISSIONER		26		
27. Total interest from Form 400-UT (See instructions)	(1C)	27		

I declare under the penalties of North Dakota Century Code § 12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return. **For Privacy Act Information, see inside front cover of instruction booklet.**

Your Signature _____ Date _____

Signature of Preparer other than Taxpayer _____ Date _____

Spouse's Signature (if joint return) _____ Date _____

MAIL TO STATE TAX COMMISSIONER, STATE CAPITOL,
600 E. BOULEVARD AVE., BISMARCK, ND 58505-0550

If amount on line 1 is:		Tax Rate Table	
Over	But not over	Your tax is:	
\$ 0	\$ 3,000		2.67% of the amount on line 1
3,000	5,000	\$ 80.10 plus 4.00%	of the amount over \$ 3,000
5,000	8,000	160.10 plus 5.33%	of the amount over 5,000
8,000	15,000	320.00 plus 6.67%	of the amount over 8,000
15,000	25,000	786.90 plus 8.00%	of the amount over 15,000
25,000	35,000	1,586.90 plus 9.33%	of the amount over 25,000
35,000	50,000	2,519.90 plus 10.67%	of the amount over 35,000
50,000		4,120.40 plus 12.00%	of the amount over 50,000

<input type="checkbox"/> OPR	PLEASE DO NOT WRITE IN THIS SPACE
"Buy North Dakota Products"	